COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)	ATTORNEY'S DOCKET NUMBER		
	PHFR040122 US		
As a below named inventor, I hereby declare that:			
My residence, post office address and citizenship are as stated next to my name.	,		
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:			
Holographic scanning device			
the specification of which (check only one item below):			
is attached hereto.			
☐ was filed as United States application			
Serial No			
on			
and was amended			
on			
was filed as PCT international application			
Number <u>PCT/IB2004/003904</u>			
on26 NOVELBER 2004			
and was amended under PCT Article 19			
on	(if applicable).		
I hereby state that I have reviewed and understand the contents of the above-identified specificalims, as amended by any amendment referred to above.	fication, including the		
I acknowledge the duty to disclose information which is material to the examination of this apprile 37, Code of Federal Regulations, § 1.56.	olication in accordance with		
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreig or inventor's certificate or of any PCT international application(s) designating at least one council States of America listed below and have identified below any foreign application(s) for patent any PCT international application(s) designating at least one country other than the United St on the same subject matter having a filing date before that of the application(s) of which priorical	ntry other than the United or inventor's certificate or ates of America filed by me		

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119	
EUROPE	03078842.6	08 December 2003	YES	
EUROPE	04300493.6	29 JULY 2004	YES	
		+		

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)				Attorneys Docket Number PHFR040122 US		
POW all bus	ER OF ATTORNE iness in the Patent	Y: As a named inventor, I hereby apand Trademark Office connected the	opoint the following attorney(s) and/orewith. (List name and registration n	or agent(s) to pro number)	secute this application and transact	
		2400				
Jack E. Haken, Reg. No. 26,902 Michael F. Marion, Reg. No. 32, 266 Michael F. Marion, Reg. No. 32, 266 (name and telephone number)						
Michael E. Marion, Reg. No. 32, 266 Edward M. Blocker, Reg. No. 30,245			(914)332-0222			
Lawa	id W. Blocker, M	56. 110. 30,243				
201	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME Coen		SECOND GIVEN NAME	
	INVENTOR	LIEDENBAUM				
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
	CITIZENSHIP Eindhoven		The Netherlands		The Netherlands	
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY	
	ADDRESS Prof. Holstiaan 6		5656 AA Eindhoven		The Netherlands	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

DATE

15 FEB. 2006

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

10/581636 473 Rec'd PCT/PTO 15 JUN 2006

Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)				
Applicant/Patent Owner: Koninklijke Philips Electronics N.V	'			
Application No./Patent No.: F	iled/Issue Date: Concurrently			
Entitled: HOLOGRAPHIC SCANNING DEVICE				
Koninklijke Philips Electronics N.V. , a (Name of Assignee)	corporation (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)			
states that it is: 1.	or			
2. an assignee of less than the entire right, title and The extent (by percentage) of its ownership intere in the patent application/patent identified above by virtue	est is ———— %			
A. [] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.				
OR				
B. [] A chain of title from the inventor(s), of the patent a below:	application/patent identified above, to the current assignee as shown			
1. From: ————————————————————————————————————				
From: The document was recorded in the United	To:			
	States Patent and Trademark Office at, or for which a copy thereof is attached.			
From: The document was recorded in the United Reel , Frame	To: States Patent and Trademark Office at , or for which a copy thereof is attached.			
[] Additional documents in the chain of title are listed on a supplemental sheet.				
[] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]				
The undersigned (whose title is supplied below) is author	orized to act on behalf of the assignee.			
5.12.06	Michael Belk , Reg. 33,357			
Date	Typed or printed name			
(914) 333-9643	mulacropel			
Telephone number	Signature			
	Corporate Counsel Title			

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Inhereby appoint: Practitioners associated with the Customer Number: 24737	I herel 37 CF	oy revoke all p R 3.73(b).	previous powers of attorney	given in the applic	ation identified	in the attached stat	ement under
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Number Name Registration Number Name Registration Number N	I herel	oy appoint:					
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	X F	ractitioners assoc	ciated with the Customer Number:	247	37		
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) for metabolic transport of the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) to: Variable Variabl	C OF	?					
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X	LJ P	ractitioner(s) nan	ned below (if more than ten patent	practitioners are to be	named, then a cus	stomer number must be u	sed):
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X			Name			Name	
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:	ľ			Kulloel			Number
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:	Ī	 					†
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:	Ī				· - · · · · · · · · · · · · · · · · · · ·		†
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) form processing of the assignee, and must identify the application in which this form if the appointed practitioner is authorized to be filed.	as attori	ney(s) or agent(s) all patent applica	to represent the undersigned before	ore the United States P	atent and Tradema	ark Office (USPTO) in co	nnection with
The address associated with Customer Number: 24737	attached	to this form in a	ccordance with 37 CFR 3.73(b).				
OR Firm or Individual Name Address City Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.	Please	change the corres	spondence address for the applicat	tion identified in the atta	ched statement u	inder 37 CFR 3.73(b) to:	
OR Firm or Individual Name Address City Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.					_		
Firm or Individual Name Address City Country Telephone KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.		The address as	sociated with Customer Number:	2473	7		
City State Zip Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
City State Zip Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.		Ludividual Name					
Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.	Addres	33					
Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.	City		State		Zip		
Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.	Counti	У			**		
KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.	Teleph	one			Fax		
KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.					l		
Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.	Assigne	Assignee Name and Address:					
5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.	A copy filed in	of this form, t each applicati	ogether with a statement und Ion in which this form is used	der 37 CFR 3.73(b)	(Form PTO/SB/ nder 37 CFR 3.1	96 or equivalent) is r 73/b) may be comple	equired to be
	the pra	ctitioners app	ointed in this form if the app	ointed practitioner	is authorized to		
SIGNATURE of Assignee of Record	and mu	ist identity the					
The idividual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature Date 14 January 2005	Signatu	e ///	Made. M.	in		Date 14 Janua	ry 2005
Name Michael E. Marion Telephone (914) 333-9637	Name	Michae	el E. Marion			Telephone (914)	333-9637
Title Authorized Representative This collection of information is required by 37 CFR 131 132 and 133. The information is required to obtain or retain a henefit by the public which is to file land							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to fife (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.